

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
C.A. No.: 17-723**

WARREN REID,

Plaintiff,

vs.

ANTHEM INSURANCE COMPANIES, INC.,

Defendant.

Preliminary Statement

Plaintiff brings this action under the Employee Retirement Income Security Act (ERISA) 29 U.S.C. § 1132(a)(1)(B) to seek entitlement and payment of health insurance benefits under a fully insured health insurance policy issued by the Anthem Blue Cross And Blue Shield.

Parties

1. Plaintiff is a citizen and resident of Lewisville, North Carolina which is in Forsyth County.
2. Defendant is an insurance company organized and existing pursuant to the laws of one of the States of the United States, and which does business in Lewisville, North Carolina.

Jurisdiction and Venue

3. In this matter, Plaintiff seeks health insurance benefits under an ERISA plan pursuant to 29 U.S.C. § 1132(a)(1)(B). This Court has jurisdiction to hear this matter based upon a federal question. Defendant is subject to jurisdiction in this court because it has more than minimum contacts with this forum (*see* 29 U.S.C. § 1132(e)).

4. Venue in the Middle District of North Carolina is appropriate by virtue of Plaintiff's residence and Defendant's presence and doing business in this District.

Factual Allegations

5. Plaintiff is employed with Lowe's Companies, Inc., and as an employee of Lowe's Companies, Inc. Plaintiff is provided with health insurance coverage via a plan which is fully insured by Anthem Blue Cross and Blue Shield.

6. Plaintiff underwent certain inpatient medical treatment in 2014, and Plaintiff submitted the bills relating to the treatment for processing and payment. Defendant denied treatment asserting that it was not medical necessary and therefore, excluded pursuant to the terms of the health insurance policy.

7. Plaintiff appealed the denial but the Defendant has failed to reach a decision on Plaintiff's appeal in a timely manner. Therefore, Plaintiff deems that his claim is denied as is his right per 29 C.F.R. §2560.503-1 and that his administrative remedies are fully exhausted.

For a First Cause of Action For Benefits Pursuant to 29 U.S.C. § 1132(a)(1)(B)

8. Plaintiff incorporates all prior allegations, where not inconsistent, as if fully set forth herein.

9. Plaintiff respectfully requests that this Court consider the administrative record compiled in this case and any other evidence relevant to any factors discussed by *Champion v. Black & Decker*, 550 F.3d 353 (4th Cir. 2008), if applicable and depending on the standard of review, and declare, pursuant to 29 U.S.C. §1132(a)(1)(B), that Plaintiff is entitled to the health insurance benefits which he seeks under the terms of the plan. In the event that the court reviews the record and/or other relevant information and determines that the Defendant abused its discretion or that its decision is not supported by the record, but that the substance of the record

might not support Plaintiff's entitlement to benefits then Plaintiff respectfully asks that, in the event of such a finding, that the court exercise its inherent power to remand Plaintiff's claim for a "full and fair" review by the appropriate claim fiduciary Defendant. Should the court award Plaintiff any part of the relief requested, Plaintiff additionally prays that the Court award him attorney's fees and costs pursuant to 29 U.S.C. §1132(g).

WHEREFORE, having fully stated his complaint against the Defendant, Plaintiff prays for:

1. A declaration of entitlement to the health insurance benefits he seeks pursuant to 29 U.S.C. §1132(a)(1)(B);
3. Attorney's fees and costs pursuant to 29 U.S.C. §1132(g); and
4. Such other and further relief as this Court deems just and proper, including pre-judgment interest on all benefits due from the point at which benefits were payable through the time of judgment.

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